



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800002

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T.J. SMITH'S, INC

DOING BUSINESS AS T.J. SMITH'S

ADDRESS 13 CROSS STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: SMITH, JOSEPH M. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

13 CROSS STREET PREMISE CONSIST OF TWO STOREY FRAME BUILDING, WITH  
EXPANSION INCLUDING BAR AREA, KITCHEN AREA, COURTYARD, LARGE AND SMALL  
DINING ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800003

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COMMERCIAL CLUB OF EAST BRIDGEWATER INC. THE  
DOING BUSINESS A

ADDRESS NIELSEN AVE

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: FERBERT,DONAL TYPE OF LICENSE: Club CATEGORY: All Alcohol  
D

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR, CLUB ROOM AND KITCHEN IN BASEMENT, BAR AND MEETING HALL ON FIRST  
FLOOR; STORAGE AREA IN REAR OF BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800004

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YE OLDE STANDISH GRILLE INC.

DOING BUSINESS AS

ADDRESS 175 NO. BEDFORD ST.

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: O'LEARY, RICHARD TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK BLDG WITH DINING ROOM, KITCHEN, WALK IN COOLER,  
LOUNGE AND FUNCTION ROOM, FOUR EXITS AND ENTRANCES

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800009

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEATHER'S PLACE INC.

DOING BUSINESS AS

ADDRESS 1300 PLYMOUTH

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: BURNHAM, HEATHER TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOODEN BUILDING WITH STORAGE IN CELLAR; DINING ROOM, TAP ROOM AND KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800013

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IDEAL CLUB INC.

DOING BUSINESS AS

ADDRESS 14 WEST UNION ST.

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: ANAHORY, ADELINO TYPE OF LICENSE: Club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SECOND FLOOR; BAR, RECREATION HALL, DINING ROOM, KITCHEN AND TWO BATHROOMS; THIRD FLR; BAR, DANCE HALL, TWO LARGE BATH ROOMS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800017

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YUGBHARTI INC.

DOING BUSINESS AS HARMONY DISCOUNT LIQUORS

ADDRESS 162 NO BEDFORD ST

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: PATEL, BHARTIBEN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK BUILDING; FIVE ROOMS AND NO CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800018

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GRAPEVINE WINE & SPIRITS LLC

DOING BUSINESS AS

ADDRESS 685 NORTH BEDFORD ST

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: HUNT, JAY J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR; FRONT ENTRANCE AND EXIT, DOOR IN REAR FOR DELIVERIES, FIRST FLOOR WILL CONTAIN RETAIL STORES IN FRONT, AND BACK ROOM FOR EMPTIES AND STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800019

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CROCETTI-OAKDALE PACKING,INC

DOING BUSINESS A

ADDRESS 378 PLEASANT ST

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: CROCETTI, CARL TYPE OF LICENSE: Package Store CATEGORY: Wine and  
F Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD AND CONCRETE STUCTURE , WORK ROOMS AND ONE ROOM FOR  
RETAIL SALES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800020

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AFRIN ENTERPRISES, INC.

DOING BUSINESS AS COUNTRY CONVENIENCE

ADDRESS 210 POND ST

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: ZAFAR, MD ABU TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY FRAME BLDG; SALES ROOM ON FIRST FLOOR; BACKROOM FOR STORAGE AND LIVING QUARTERS ON SECOND FLOOR; EXTENSION OF PREMISES TO FIRST FLOOR; RESTRICTIONS; A FENCE TO BE INSTALLED ALONG PROPERTY LINE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800022

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DENG'S GARDEN RESTAURANT CORP

DOING BUSINESS AS DENG'S GARDEN RESTAURANT

ADDRESS 225B BEDFORD STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: DENG, BENNY TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1500 SQUARE FEET OF SPACE FOR THE ENTIRE RESTAURANT WITH 500 SQUARE FEET BEING THE DINING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800024

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RIDDER FARM INC.

DOING BUSINESS AS THE VILLA AT RIDDER

ADDRESS 390 OAK STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: SAPHIRE, JONATHAN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, FOUR FUNCTION ROOMS WITH CAPACITY FOR 950. KITCHEN, OFFICE ON FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800026

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ONE PUTT INC.

DOING BUSINESS AS CAMERON'S ON THE GREEN

ADDRESS 436 OAK STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: RUSSELL, WILLIAM E. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. 175 PEOPLE CAPACITY. FRAME BLDG. WITH PORCH-RESTAURANT AND LOUNGE ON ONE LEVEL-KITCHEN SEPARATED BY A SEMI PARTITION- OFFICE AND STORAGE IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800031

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRI-TOWN CONVENIENCE & LIQUOR LLC

DOING BUSINESS AS TAYAH CONVENIENCE

ADDRESS 60 FRANKLIN STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: ROBBINS, GLENN TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

70X50 CONVENIENCE STORE; 3 ENTRANCES AND EXITS. 2 IN FRONT OF BUILDING, ONE ON SIDE; DELIVERY DOOR ON OPPOSITE SIDE AND FIRE EXIT AT REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800038

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE MONTANA GROUP, INC

DOING BUSINESS AS JOHNNY MACARONI'S

ADDRESS 582 WEST ST

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: VALLARELLI, JOHN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH TWO SEPARATE DINING ROOMS. 2 FRONT AND 3 REAR EXITS  
AND ENTRANCES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800041

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Helly LLC

DOING BUSINESS AS EASTBRIDGEWATER LIQUORS

ADDRESS 225 BEDFORD ST

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: Patel, Hemal

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PART OF A MALL, ON THE RIGHT END.. 75X38 FOR RETAIL STORE, STORAGE AREA IN REAR 55X81 DEEP

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800043

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETSOCO, INC

DOING BUSINESS AS PIER 18 SEAFOOD & GRILLE

ADDRESS 205 BEDFORD ST

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: SOROKA, PETER J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

CINDER BLOCK BLDG 40X60, 2400 SQ FT; COFFEE COUNTER WITH 9 STOOLS AND 3 BOOTHS, DRIVE UP WINDOW FOR FOOD ONLY. DINING ROOM WITH 9 TABLES. FRONT ENTRANCE WITH DOUBLE DOORS & VESTIBULE; KITCHEN IN BACK; STORAGE ROOM WITH SIDE DOOR FOR DELIVERY COOLER FOR BEER/WINE, SMALL OFFICE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800045

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRANKS CAFE & COFFEE HOUSE, INC.

DOING BUSINESS AS THE MOCKINGBIRD RESTAURANT

ADDRESS 838 NORTH BEDFORD STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: CANNIZZARO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
KELLY

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXISTING RESTAURANT WITH A BAR SEATING FOR 8, DINING ROOM WITH BOOTHS AND TABLES, ONE FRONT ENTRANCE, TWO SIDE EMERGENCY EXITS AND TWO EXITS IN KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800047

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHUFILA INC.

DOING BUSINESS AS FIESTA MEXICAN RESTAURANT

ADDRESS 34 BEDFORD STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: RAMIREZ, ZOEL TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800048

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE T. SIKDER CORPORATION

DOING BUSINESS AS TEDESCHI'S #330

ADDRESS 52 BEDFORD STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: PARVEG,  
MOHAMMAD  
NAHID

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800049

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAKE'S BAR & GRILLE LLC

DOING BUSINESS AS JAKE'S BAR & GRILLE LLC

ADDRESS 579 WEST STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: LYNN, SCOTT TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1 STORY CEMENT BLOCK W/ DINING RM, BAR & STORAGE AREA 21 X 50 ADDITION TO REAR CONSISTS OF RESTROOMS, WALK-IN COOLER, LIQUOR STORAGE, KITCHEN & REFRIG. AND FENCED PATIO ON SIDE; 1 ENTRANCE/EXIT AT FRONT; 1 EXIT AT LEFT SIDE OF BLDG.; 2 EXITS AT REAR OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800050

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT W. LUNDIN

DOING BUSINESS A JOPPA MARKET

ADDRESS 626 BEDFORD STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: LUNDIN, ROBERT TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular  
W.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY WOOD BLDG. APPROX. 2000 S/F; MAIN ENTRANCE ON SOUTH SIDE OF BLDG;  
DELIVERY DOOR ON RTE. 106 SIDE CONNECTING TO STORE RM; WINE & BEER SALES  
AREA TOWARDS REAR OF STORE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 030800051

CITY OR TOWN EAST BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PATRIOT PUB LLC

DOING BUSINESS AS THE FULL HOUSE GRILL

ADDRESS 225 BEDFORD STREET

CITY/TOWN: EAST BRIDGEWATER STATE: MA ZIP CODE: 02333

MANAGER: DILETIZIA,  
CLAUDIO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT COMPRISING OF 2180 SQ. FT. WITH A BAR, DINING BOOTHS, TWO BATHROOMS, KITCHEN ENTRANCES FROM FRONT & SIDES AND THREE EXITS FROM SIDE AND REAR...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:

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